PART B - FEE(S) TRANSMITTAL

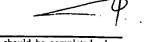
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04/14/2005

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(Depositor's name) (Signature (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|---------------------|------------------|
| 09/848,443 | 05/03/2001 | Nicholas Todd Lawrence | ROC920000327US1 | 7222 |

TITLE OF INVENTION: METHODS AND SYSTEMS FOR ASYNCHRONOUS CATALOG REQUESTS FOR SYSTEM OBJECTS VIA SECURE TABLE LOOK-UP 06/06/2005 NBEYENE2 00000032 090465 09848443

| | 00 DA | | | | | |
|--|---|---|---|---|---------------------------------|---------------------------|
| 2 FC:1501, TYPE 400. | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 07/14/2005 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | 7 | - |
| SWEARINGEN, JEFFREY R | | 2145 | | 709-217000 | - | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | ID RESIDENCE DATA TO B ss an assignee is identified be in 37 CFR 3.11. Completion | | | T (print or type) pear on the patent. If an assig e for filing an assignment. | gnee is identified below, the c | locument has been filed f |
| (A) NAME OF ASSIG | | · · | • | CE: (CITY and STATE OR CO | , | |
| | ate assignee category or category | | | | Corporation or other private gr | oup entity Governmen |
| 4a. The following fee(s) ar | re enclosed: | 46 | . Payment o | ` ' | | |
| | | A check in the amount of the fee(s) is enclosed. | | | | |
| Publication Fee (No small entity discount permitted) | | Payment by credit card. Form PTO-2038 is attached. | | | | |
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Deposit Account Number

-09-0465

2005 Authorized Signature May 2, Steven W. Typed or printed name 34,712 Registration No.

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